

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09 / 720206 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		1				
5		1				
6						
7		1				
8						
9		1				
10		9				
11		9				
12	1					
13	1					
14						
15	1					
16						
17		1				
18		1				
19		1				
20		1				
21		1				
22	1					
23	1					
24	12					
25	12					
26	1					
27	1					
28						
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30						
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39						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50	1					
TOTAL IND.	5					
TOTAL DEP.	5					
TOTAL CLAIMS	10	10	10	10	10	10

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS